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ABSTRACT

This bulletin profiles a program, Families and Schools Together (FAST), that brings at-risk children and their families together in multifamily groups to strengthen families and increase the likelihood that children will succeed at home, at school, and in the community. Drawing on research and family therapy, FAST builds protective factors for children and increases parent involvement with the family, other parents, the school, and the community. Families participate in an initial 8-week program, followed by 2 years of monthly meetings of a school-based group that provides a social support network. Evaluations have shown that FAST has a statistically significant positive impact on children and families. Communities in search of a school-based approach to interventions for at-risk children and families will find ideas in this bulletin. (Contains 5 tables, 2 figures, and 72 references.) (SLD)

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OJJDP
Shay Bilchik, Administrator
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JUVENILE JUSTICE BULLETIN

Families and Schools Together: Building Relationships

Lynn McDonald, ACSW, Ph.D., and Heather E. Frey

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public during the past decade and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.

Overview of the Program

Both affluent and low-income families struggle with the same issues concerning how to raise a child successfully. Many parents feel alone, too busy to connect with their children, and lacking in support from other adults. Using parent-professional collaborative teams, the Families and Schools Together (FAST) program systematically reaches out to entire families and organizes multifamily groups to increase parent involvement with at-risk youth. Developed in 1987 by Dr. Lynn McDonald of Family Service, a nonprofit family counseling agency in Madison, WI, FAST helps at-risk youth (ages 3 to 14) build relationships through a research- and family therapy-based, multifamily group approach to preventing juvenile delinquency (McDonald, 1993, 1997, 1998; McDonald and Billingham, 1998; McDonald et al., 1991). FAST has been especially successful at involving low-income, stressed, and isolated parents.

For several years, the founder of FAST conducted court-ordered, in-home, family therapy with drug- and alcohol-involved and violent youth who had been significantly involved in the court system. She applied family therapy techniques for delinquents that were developed, researched, and published by James Alexander, Ph.D. (1973; Alexander and Parsons, 1973, 1982) and Salvador Minuchin, M.D. (1979). Using these approaches, 75 percent of delinquent youth could alter their circumstances in 3 months of two to three family sessions per week, with 24-hour backup coverage (McDonald, 1993). This therapeutic work developed into the FAST program for early intervention. The FAST program works with school teachers to identify elementary school children about whom they have developmental or behavioral concerns.

From the Administrator

Youth at risk of adolescent delinquency often come from stressed and socially isolated families. These children also frequently fail in school and may eventually drop out. This Bulletin profiles a program, Families and Schools Together (FAST), that brings at-risk children and their families together in multifamily groups to strengthen families and increase the likelihood that children will succeed at home, at school, and in the community.

Based on research and family therapy, FAST builds protective factors for children and increases parent involvement with the family, other parents, the school, and the community. In a typical case, the entire family of an 8-year-old male who exhibits problem behaviors at home and at school participates in the 8-week FAST program. After "graduating," families move on to 2 years of monthly meetings of a school-based group of FAST families, which provide a strong social network to fall back on in times of crisis.

Evaluations have shown that FAST has a statistically significant positive impact on children and families. Without intervention, the boy in the case described above would be a strong candidate for teenage delinquency and violence. Communities in search of a school-based approach to intervening with at-risk children and their families will find this Bulletin of great interest.

Shay Bilchik
Administrator

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Families and Schools Together (FAST) Program Goals

Enhance family functioning.

- Strengthen the parent-child relationship in specific, focused ways.
- Empower the parents to be the primary prevention agents for their children.

Prevent the child from experiencing school failure.

- Improve the child's short- and long-term behavior and performance in school.
- Empower the parents to be partners in the educational process.
- Increase the child's and family's feelings of affiliation with their school.

Prevent substance abuse by the child and family.

- Increase the family's knowledge and awareness of substance abuse and the impact of substance abuse on child development.
- Link the family to appropriate assessment and treatment services, as needed.

Reduce the stress that parents and children experience from daily life situations.

- Develop an ongoing support group for parents of at-risk children.
- Link the family to appropriate community resources and services, as needed.
- Build the self-esteem of each family member.

The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school and thus avoid problems including adolescent delinquency, violence, addiction, and dropping out of school. The FAST process utilizes the existing strengths of families, schools, and communities in creative partnerships. FAST offers youth structured opportunities for involvement in repeated, relationship-building interactions with the primary caretaking parent, other family members, other families, peers, school representatives, and community representatives. The program builds and enhances long-term relationships to provide youth a "social safety net" of protective factors for getting through difficult times. Specific aspects of the FAST program reduce common forms of delinquent behavior because:

- Increasing multiple levels of social bonding reduces juvenile violence/crime.
- Increasing connections, rituals, and resilience reduces alcohol and drug abuse.
- Reducing isolation and promoting family strength reduce child abuse and neglect.
- Promoting parent involvement for school success reduces school failure.

FAST works with every kind of family. Because the program respects how each family defines itself, there are no restrictions for admission into the program. The FAST process begins with home visits, followed by a weekly series of school-based evening activities for 12 families (for 8–10 weeks), followed by 2 years of monthly multifamily FASTWORKS meetings. These meetings are run by paid FAST parent graduates (and supported by FAST team members) to consolidate and maintain interpersonal relationships developed during the weekly sessions.

The team structure ensures that parents are included as partners. The certification of each new program site includes a public interview with several parent graduates in front of their FAST team to give feedback on their experience in the program.

FAST successfully increases parent involvement with their at-risk youth, other family members, other parents, the school, and the community. Of the thousands of families who have attended one multifamily FAST meeting, more than 80 percent have graduated from the 8- to 10-week program. The percentage is consistent across hundreds of different settings with different types of families from varied cultural backgrounds. Two to four years after participating in FAST, 75 percent of the parents who graduated were still very involved with schools and 86 percent were still seeing friends they made at FAST (McDonald et al., 1997).

FAST increases parent involvement by actively reaching out and engaging stressed and isolated families. Parents learn to monitor their children's behavior, interact through play, and communicate with their children. They also become more involved with social networks of other parents, schools, and communities. Rural, suburban, and inner-city schools develop ownership of their FAST programs. The cost per family is approximately $1,200 for 86 hours of services (30 sessions, including FASTWORKS) over 2 years. The cost for each school that offers 2 FAST cycles per year to serve 30 families is $30,000 (not including evaluation or FASTWORKS). For more information, see table 1.

Ten years after the first multifamily groups were implemented, FAST:

- Is being implemented in more than 450 schools in 31 States and 5 countries.
- Has won numerous national awards as a research-based, family-strengthening, family-supporting, collaborative, prevention/early intervention program.
- Has been evaluated continuously at each new site with the FAST Process and Outcome Evaluation Package (McDonald and Billingham, 1998).
- Is being systematically replicated with certified FAST team trainers by four States and two national organizations.

The FAST Curriculum

Following an elementary school or middle school teacher's recommendation, the family of an at-risk child is invited to participate in the program by a FAST parent graduate who conducts home outreach visits. Some schools offer FAST to all children who are enrolled. These schools encourage families to attend a cluster meeting with other families from that school. "Family" is redefined to include all variations of adults raising children. Ten to fifteen families meet for 8 to 10 weekly sessions that include a family meal, singing, and other highly interactive family activities that are enjoyable for both children and parents.

Each weekly FAST session follows a standard 2½-hour agenda:

- **Opening tradition** (15 minutes). Session begins with FAST hello and FAST song.
- **Family tables** (45 minutes). Teams support parental authority by putting parents in charge of activities at their family tables.

Table 1: FAST Implementation Expenditure (estimates per new program)*

	Cost
National Training Center Contract for Team Training by Certified FAST Trainer	
Process and outcome evaluation site certification (not including travel and lodging of the trainers)	$3,900
2-Day Collaborative Team Training (costs for site)	
4–8 team members (released to attend)	0
2 parent partners (16 hours @ $15/hour)	480
Casual relief teacher (2 days @ $180/day)	360
Hire of venue and lunches	250
Subtotal	**1,090**
Program Implementation Costs (without repositioning)	
Salaries (for one cycle)	
3 professional team members @ $1,000 each	3,000
1 parent partner (100 hours @ $15/hour)	1,500
1 supervisor/lead facilitator (including 12.5% fringe)	5,200
Subtotal	**9,700**
Program Expenses	
Program supplies (startup materials, etc.)	400
Telephone, stationary, postage, travel	700
Subtotal	**1,100**
Weekly Program Costs	
Host family food (8 weeks @ $50/week)	400
Door prizes (10 @ $40)	400
Dinner supplies (plates, napkins, cups, etc.)	200
Film (video, Polaroid, and processing)	100
Craft materials	50
Graduation ceremony	50
Subtotal	**1,200**
1-Day FAST Training (review/debriefing/certification)	
2 parent partners (8 hours @ $15/hour)	240
4–8 team members (released to attend)	0
Casual relief teacher (1 day @ $180/day)	180
3 parent graduate panelists (2 hours @ $15/hour)	90
Subtotal	**510**
FASTWORKS (2-year monthly followup program for multiple FAST cycles)	
Parent support group budget (12 months @ $100/month)	1,200
Staff support costs for 12 months (10 hours/month @ $22/hour)	2,640
Parent partner support costs for 12 months (10 hours/month @ $15/hour)	1,800
Travel	500
Supplies (12 months @ $30/month)	360
Subtotal	**6,500**
Total	**$24,000**

* Estimates for one new pilot cycle, including training and evaluation.

- ❖ Families eat meals at their family tables.
- ❖ Structured family table communication activities (e.g., for elementary school, "draw and talk about it" game and "act out a feeling and guess it" game; for middle school, a family communication board game).

- **Mutual peer support time** (1 hour). Parents gather for discussion, and children gather for age-appropriate activities to build connections to each other.
- **One-to-one FAST parent-child communication time** (15 minutes). The FAST team coaches parents to provide play therapy for elementary school children. In the middle school curriculum, the FAST team coaches parents to discuss topics with their youth, selected by the youth group.
- **Closing tradition** (15 minutes). Activities (e.g., celebrating winners, thanking hosts, announcing and sharing, and a silent circle) build multifamily community and FAST team cohesion.

After graduating from FAST, each group of families joins an ongoing school-based collective of interdependent FAST families that meets monthly for 2 years in meetings called FASTWORKS. FASTWORKS sessions are more flexible than FAST sessions, enabling families in each community to tailor agendas to their own needs. Each monthly meeting includes the FAST opening and closing traditions and 15 minutes of one-on-one special play or discussion between one family member and one child. The rest of each meeting is planned by the families with support from a collaborative team that includes parents who have graduated from the FAST program. Instead of rewarding each family for attendance, FASTWORKS rewards small groups of families by allowing them to plan how the budget ($100) for the next month's meeting will be used. By emphasizing connections between entire families, FASTWORKS meetings sustain the relationships that developed during the 8- to 10-week FAST sessions. These relationships act as protective factors for at-risk youth and their families against the stresses of daily living.

Risk and Protective Factors

The FAST program assumes that participants are at risk—that families are under stress and need social support—yet never directly focuses on risk. Six research-based strategies are used to build protective

factors (e.g., relationships) for youth in the FAST program. These strategies address:

- Each child's interpersonal bonds.
- The family system.
- Parent-to-parent support (bonds between spouses or two other supportive adults).
- Parent self-help support group (peer social network).
- Parent empowerment training (putting parents in charge of children).
- School-community affiliation (involvement in the school and community by parents and youth).

Positive bonds and relationships on multiple levels counteract many youth risk factors and reduce behavior problems correlated with later violence, delinquency, substance abuse, and school failure. Each of the six strategies discussed below applies tested approaches published by various researchers in refereed journals and funded by multiyear Federal grants from the National Institute of Mental Health (NIMH). The FAST program integrates child psychiatry, child psychology, play therapy, family therapy, family stress theory and family support, self-help group dynamics, parent empowerment, and community organization into an appealing, replicable, multicomponent approach to prevention.

Each Child's Interpersonal Bonds

Research on delinquency shows that interpersonal bonds inhibit aggression and violence. In FAST, each child receives 15 minutes a day of one-to-one quality play or discussion time with his or her parent with the team's support. The team coaches parents to follow the child's lead in play and not to boss, teach, or correct the child. Parents practice this process at the weekly meetings and then are requested to play with their children one-to-one at home on a daily basis. Research shows this nondirective, nonjudgmental playtime reduces a child's problem behaviors at home and at school while building self-esteem. In 2-year followup interviews, children report "special play" as their favorite part of FAST. Sixty-two percent of parents still do special play once a week 2 years after completing the program. Parents learn that regular one-to-one playtime with their children is valuable and powerful, and often parents report that their children confide in them more and have a more positive relationship with them.

The Family System

Research on treatment of delinquent youth shows that altering the patterns of family involvement reduces recidivism rates (Alexander and Parsons, 1973, 1982). The family unit of the FAST child is systematically strengthened with hour-long weekly sessions at their FAST family table based on family therapy principles of helping the parents to be both firmly in charge of and lovingly connected to their children. For each family activity, the team puts the parents in charge by giving information and support only to the parents. The family activities include having parents delegate a child to serve their food, constructing a family flag, drawing and talking about drawing, play-acting feelings, and guessing each other's feelings. Parents oversee the family communication games at their own family table. Parents allow each person in the family to speak and be heard, which is a basic communication skill for conflict resolution. These exercises develop parental skills in requesting compliant behavior and in monitoring children's behavior. Team members actively support the parents to ensure the success of the family exercises.

Parent-to-Parent Support

Research shows that regular, daily, intimate support from other parents is a protective factor that keeps stressed and depressed mothers from abusing and neglecting their children. Child abuse is correlated with later delinquency. FAST incorporates support for parents by having the spouses, partners, or two single parents who are put together by team members spend 15 minutes at each weekly meeting listening to each other speak about issues of concern. The only restriction is that no advice should be given. This conversation time provides the opportunity for growth of reciprocal, personal support for the primary caretaker.

Parent Self-Help Support Group

Research shows that parents who have been highly trained in behavior modification parenting skills have stopped using those skills 6 months later if they are socially isolated (i.e., they have no one to turn to under stress) (Wahler, 1983). Research also finds that when a family is under stress, social isolation can result in child abuse and neglect (Pianta, Egeland, and Stroufe, 1988). Parents in FAST meet for 45 minutes in each weekly session to help each other assist their children to succeed in school and at home. No didactic presentation on parenting is allowed. The parents determine the content of their discussion. During the 8- to 10-week program, the parent group bonds and serves as a source of ongoing informal support for parents who are stressed and socially isolated. Followup studies on FAST indicate that 86 percent of participating parents make new friends at FAST and that the parent group is their favorite part because it shows them that they are not alone and because they feel that their advice is valued by other parents.

Parent Empowerment Training

When parents are in charge of their children and connected to other parents and the community, they can both increase the safety of their neighborhoods and better monitor youth behavior. FAST activities are structured to increase the power of each parent systematically, within the separate sets of relationships detailed below, through frequent rehearsals of behavior and experiences of success:

- **Family.** Controlling one's children without coercion (i.e., becoming empowered within the immediate family).
- **School.** Collaborating as a partner in the FAST team and as a cofacilitator of ongoing, 2-year, multifamily group meetings. Interdependent school-based FAST parent networks begin to actively participate in their children's education. For example, parents begin to volunteer in the school, act as advocates for their children, and see themselves as partners in their children's education.
- **Community.** Acting as leaders in the community. Parents who know other parents and professionals in local community agencies are more likely to assume leadership roles.

Successful implementation of the FAST parent empowerment program across new settings in many parts of the United States requires values-based team training. Each new FAST team reviews and discusses 10 beliefs underlying the FAST prevention program: for example, that every parent loves his or her child and that, with informal and formal social support, every parent can be the primary delinquency prevention agent for his or her child. The FAST Team Replication Training developed by McDonald in

1990 (revised 1998) for new site teams includes behavioral rehearsals (role-plays) designed to help the team learn how to empower, respect, and support parents rather than undercut parental power. The team partners, as part of their training, act out five scenarios twice—the wrong way and then the right way—and lead a discussion of issues that are relevant to each scenario. Each role-play covers a given aspect of parenting: orienting children, asking for support, celebrating children's success, helping children when they are hurt, and disciplining children without abuse. Each team member experiences disempowerment and then empowerment by acting out the scenarios twice in role-plays.

A family graduating from FAST in Washington, DC

School-Community Affiliation

The FAST program increases the at-risk youth's and family's feelings of affiliation with the school. Positive, repeated, personal, low-key interactions with school personnel outside the regular school day build relationships that are not based on the at-risk child's problem behaviors at school. Informal interaction during FAST sessions enables parents to establish respectful relationships with addiction counselors, family therapists, and counselors of victims of domestic violence. Over time, this results in an increase in the appropriate use of school opportunities and services by parents. Two to four years after graduating from FAST, parents remain involved: 75 percent of the parents reported increased involvement in the schools. Parents report that they self-refer to family counseling (26 percent) and substance abuse treatment (8 percent). Self-motivated parents are more likely to use appropriate services fully, one of the important outcomes of FAST (McDonald et al., 1997).

Ninety-one percent of FAST parent graduates report an increased involvement in community activities, even though one-third of this sample never attended FASTWORKS. Parent activities 2–4 years after the FAST program include pursuing further education for themselves (44 percent), attending church (35 percent), and obtaining employment (55 percent). Some parents reported greater involvement in more than one activity. After participating in FAST, most families no longer feel socially isolated and both youth and parents report the availability of stronger formal and informal social networks available to assist them in stressful circumstances (McDonald, 1997).

Identifying Candidates for FAST

The school principal, teachers, and pupil services teams screen students for indicators of mental health problems to identify children who could greatly benefit from FAST. Many schools also ask teachers to survey their classrooms for troublemakers, bullies, or others who are hard to teach. Typical FAST children are at least 1 year behind their expected grade level. In addition, the children tend to be apathetic, hypersensitive, depressed, under high stress, and subject to family trauma. Based on data on youth who entered the program in 53 schools in 13 States, the typical FAST child is male (65 percent), 8 years old, and shows significant problem behaviors in the classroom and at home (85 percent), as rated by teachers and parents. The average FAST child exhibits a tendency toward bullying and aggressive behavior, is very anxious and withdrawn, has a very short attention span, and shows uneven classroom performance. These attributes in an 8-year-old predict teenage delinquency and violence (Ensminger, Kellam, and Rubin, 1983; Kellam et al., 1991; Starfield et al., 1993). Longitudinal studies have shown that 8-year-old children who are socially isolated but aggressive are more likely to end up in detention as teenagers for violent and delinquent acts. Other studies show that classroom aggressiveness in first grade predicts aggressiveness in seventh grade, unless there is an intervention (Kellam et al., 1998). FAST applies this research by intervening early with students who have been identified as at risk by teachers. Research shows that teachers can spot 8-year-olds who, without intervention, are 10 times more likely than their peers to spend time in jail later in life (Gullotta, Adams, and Montemayor, 1998).

Next, families of the identified students are invited to voluntarily participate in the multifamily group process. Many schools that serve primarily low-income populations offer universal invitations to all school children and families, to avoid singling out some children as "at risk." Because of local control, each school makes a decision about which groups of youth and families it invites to any particular multifamily 8- to 10-week cycle. For example, a school may target students who are bullies; truants; low achievers; low-income children who qualify for free or reduced-price lunches at school (Title I children); highly mobile, new residents of poverty-stricken areas; or recent immigrants to the United States. Families can also ask to participate in the program; some schools decide to take only self-referrals.

FAST in Diverse Settings

FAST children and their families come from many ethnic, cultural, racial, and social class backgrounds, depending on the geographic setting and who the school decides to invite to FAST. Nationally, 51 percent of FAST participants have been Caucasian, 25 percent Latino, 23 percent African American, and 2 percent Asian and

American Indian; 70 percent of the children have been low income and eligible for free or reduced-price lunches at school. FAST has had similar levels of impact across diverse groups of families; the program materials have been translated into French, German, Japanese, Spanish, and Vietnamese, and they have been used with multilingual, English as a Second Language (ESL) family groups. FAST has been found effective in rural, suburban, and inner-city schools in Australia, Austria, Canada, Germany, and 34 States and 3 Indian nations in the United States.

FAST mandates cultural comparability in both the program content and the rules of implementation; for example, teams have to "look" like the families they serve. FAST program certification requires that the team that facilitates the program and the families being served be similar in their ethnic and cultural backgrounds.

In addition, one-half of the activity-based program takes place at a family table, which means the parents "deliver services" to their own children. Thus, there is perfect cultural and language competency at each family table. FAST has no written or spoken curriculum, so literacy is not a requirement and language barriers do not restrict access to the program. Because learning about relationships and parenting occurs through a set of interactions, no translator is needed. FAST has been particularly successful at involving hard-to-reach, low-income families from diverse ethnic groups. Eighty percent of inner-city parents and American Indian parents on reservations who were willing to attend one FAST session have gone on to complete the program.

Since the FAST program began, teams have taken responsibility for carrying out and refining the recruitment and retention strategies for "hard to reach" parents. For example, a FAST team member (preferably the FAST parent graduate on the team) repeatedly visits or meets with the parent being recruited at nontraditional hours—not 9 a.m. to 3 p.m., but in the evenings or on weekends—on his or her terms. The team member explains FAST and invites the parent to attend just one session. The program also actively recruits participants by providing transportation, infant care, meals, and respect. Team members are trained to listen as parents discuss their children, to reflect their concerns using their own words, and to help parents understand that what their child is doing at home is similar to what the teacher says he or she is doing at school. Then the team members explain that FAST helps build the relationships from which children will benefit. They tell each parent that one time during the FAST program his or her family will win a large lottery and that the "winning" family in each session receives money to shop and cook for all of the participants the following week. The conversation with a team member teaches each parent that, by participating in the FAST program, he or she can both give and receive support in raising children.

One Family's FAST Experience

Ten years ago, the first multifamily group graduated from an 8-week FAST cycle at Lowell Elementary School in Madison, WI. One of the mothers at that graduation ceremony and her two children had received a framed commendation from the principal for her family's involvement. She seemed proud that her achievement was being recognized.

Before participating in FAST, this woman was living on a low fixed income, had no car and no phone, had not completed high school, and was raising her two children alone. In addition, she had no friends, and she had never participated in a school event. Her own mother had passed away 8 months before, and when the parent advocate made the outreach home visit to invite the woman and her children to a multifamily group event at the school, the house appeared dark and without hope. She heard about the weekly family meal, the free transportation, and the family prize being offered, and because of the enthusiastic parent advocate who encouraged her to attend once to see if she liked it, she agreed to attend one FAST session (see table 2). She arrived at the first session with her children an hour late.

The second week, her children begged her to take them again to the multifamily activities because they were so much fun. The parent advocate returned to the house and drove the family to the school event in her own car. The woman and her children won the family prizes the second week, and the children were very excited about winning. Because the "winning family" is always asked to cook for everyone the week after having won, the mother was given money to plan, cook, and host the next meal for all of the families and the team. She told team members that the children asked her to cook a macaroni and cheese dish that was her own mother's family recipe. The meal was delicious, and the children were proud when everyone clapped and thanked their mother for her wonderful cooking.

The family attended each of the weekly meetings and participated fully to the end of the program. Just 8 weeks later, the woman laughed with her children, interacted comfortably with school personnel, and had befriended parents of other children at the school.

Over the next 4 years, this woman continued to participate actively in school-promoted activities. Two of the friendships she made in those first 8 weeks continued over time. The outreach and multifamily engagement process had a long-term positive effect on this family.

The Research-Based Process

The FAST program incorporates elements from studies that combined scientific rigor with straightforward common sense (see table 2). Research and evaluation are vital parts of the FAST process:

- In the FAST team training, all FAST team members (not family participants in the program) are required to read through a summary of the research studies that underlie each FAST activity and then to discuss the studies as a team. By doing so, team members learn exactly how the FAST intervention is based on research. This helps them to respect, rather than try to alter, the activities of the program.
- Each certified FAST team trainer must be able to present the original studies and to read current research journal articles, discuss them, and relate them to the FAST process.
- Each new FAST site is evaluated with the McDonald and Billingham Process and Outcome FAST Evaluation Package (for more information, see "Role of the Team Trainer" on page 10) (McDonald and Billingham, 1998). Team Trainers, who make three onsite observation visits and complete assessment forms for each multifamily program, conduct the process evaluation. The FAST

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National Training and Evaluation Center collects and analyzes the data. The Center submits a final report based on statistical tests on standardized instruments that describes the program's impact on children's mental health and family functioning in each new FAST community.

Longitudinal Research Supporting FAST

Professionals who routinely work with delinquent youth need to understand that what happens early in a child's life could predict the tough, violent, drug-abusing, antisocial behaviors displayed by youth in the juvenile justice system. However, longitudinal research studies that follow individuals for 15 to 30 years support the importance of childhood experiences and of parent involvement in helping predict adult behavior. Knowledge about this research into the sources of delinquent behavior enables practitioners to address risk factors before problem behavior begins. Two key studies are summarized below.

Werner and Smith (1992) studied all the babies (about 600) on an island of Hawaii and followed them from birth to age 30 to determine who was incarcerated as an adult. The researchers collected data about the children, their psychology, their education, and their families. They learned that 23 percent of the youth were identified at age 10 as "troublemakers" by teachers and parents, 13 percent were adjudicated delinquent by age 18, and 4 percent were jailed as adult criminals by age 30. After determining who was incarcerated by age 30, Werner and Smith performed many statistical analyses of the 30 years of data they had collected. Because they knew the outcomes for particular members of the original population, they were able to identify which significant factors were correlated with violence, delinquency, and criminality. Early childhood experiences of trauma, child abuse, and poverty were risk factors for adolescent and adult criminal behavior. Having just one positive, long-term relationship with a parent, family member, or community member (e.g., a friend, neighbor, minister, teacher, or mentor) to whom one could talk about stress could override the risk factors. Werner and Smith identified feeling loved by parents and being able to communicate with and confide in an adult about difficult topics as protective factors that can outweigh risk factors and help at-risk youth. They found that strong relationships with an adult had the potential to help at-risk youth avoid incarceration as adults. Their findings have extremely important implications for treatment, intervention, and prevention.

Schedler and Block, at the University of California-Berkeley, studied and followed a group of youth ages 3 to 18 (1990). They noted which 18-year-olds abused alcohol and drugs and which did not. Schedler and Block then went back to look at early data they had collected, which included videotapes of mothers playing with their 7-year-olds. They reported many early factors that predicted outcome, including the mothers' styles of play with their children. Warm and supportive mother's play was a protective factor, and hostile, critical, and bossy mother's play was a risk factor significantly correlated with later substance abuse by youth. Positive parent involvement with the child predicted long-term positive outcomes. On the basis of their research, Schedler and Block recommend early relationship-building interventions with families as a system, rather than in programs only for youth, to increase the likelihood that young children will avoid undesirable outcomes of substance abuse.

Cross-Sectional Research Supporting FAST

In a recent article on adolescents, Michael Resnick and colleagues (1997) reported on a study of more than 12,000 high school youth. They interviewed youth about their violent behavior, delinquency, substance abuse, and school failure. The researchers' analysis determined that two crucial factors were significantly associated with a youth staying out of trouble: connections between parents and youth and positive associations with school.

David Hawkins studies the relationship of risk and protective factors for thousands of middle school children (Pollard, Hawkins, and Arthur, in press) and notes that if a youth had more than five risk factors, there was a strong likelihood that he or she had, at most, one protective factor. Hawkins reported that these high-risk youth never had two or more protective factors and they often lacked even one. He encouraged interventionists to develop programs that offer opportunities for interactive, personal, positive relationship building to increase protective factors for at-risk youth and reduce negative outcomes in youth. Two examples of the intervention research applied by the FAST program are described below.

Intervention Research Applied in FAST

Dr. James Alexander of the Department of Psychology at the University of Utah developed a research-based intervention called Functional Family Therapy for use with delinquent youth (Alexander and Parsons, 1982). Alexander's family therapy research worked closely with the courts and randomly assigned first-time court offenders to his approach and contrasted it with several other approaches. His family therapy interventions with families of delinquent youth involved changing how the families interacted with one another (e.g., using communication training, including problem solving, listening, and taking turns speaking). When Alexander and Parsons did 3-year followups with court data,

A family graduating from the first FAST implementation in Australia

Table 2: FAST Program Activities Apply Mental Health Research To Build Community

Activities	Description	Mental Health Research	Building Community
Flag	Each family unit creates a family flag to set on their family table for 8 weeks. Parents are in charge of the process in which each family member adds to the flag.	Alexander and Parsons, 1982; Minuchin, 1979.	Each family makes a flag within a community context of approximately 60 people; the flag becomes an identity for the family within the FAST community.
Music	Participants sing the FAST song. Families are invited to bring songs to teach others; school songs can be shared.	Pianta, Egeland, and Stroufe, 1988.	Everyone sings the FAST song together; sharing music builds community.
Meal	A host family, who won the lottery the week before, receives money to buy food, plans a menu, and prepares a meal for 12 families and the FAST team. The family is thanked. Staff members help children show respect for parents by serving dinner.	Dunst, Trivette, and Deal, 1988; Minuchin,1979.	Each family hosts a meal. This builds feelings of mutual and shared responsibilities.
Scribbles	This drawing and talking game is played with one's own family. Parents are in charge of taking turns and asking positive questions.	Alexander and Parsons, 1982; Lewis et al., 1976; Pianta, Egeland, and Stroufe, 1988; Minuchin, 1979; Schedler and Block, 1990.	Each family plays at its table within the context of a larger community. Play and fun are emphasized. Support from the FAST team is offered as needed.
Feelings Charades	Participants play-act, guess, and talk about feelings with their families. The parents are in charge of taking turns.	Alexander and Parsons, 1982; Lewis et al., 1976; Pianta, Egeland, and Stroufe, 1988; Schedler and Block, 1990; Werner and Smith, 1992.	Sharing feelings in one's own family and sharing with other FAST families builds community. Support from the FAST team is offered as needed.
Kid's Play	These developmentally appropriate organized activities offer children positive peer group experiences. No television is allowed.	Bronfenbrenner, 1979; Minuchin, 1979; Rutter, 1983.	Time for hanging out together, having fun, and developing a peer network emphasizes friendship in a community.
Parents' Talk in Buddy Time and Self-Help Group	One-to-one adult time for private communications is followed by a self-help parent group. Parents share their own successes and help one another help their children succeed in school. Informal social-support networks emerge.	Alexander and Parsons, 1982; Belle, 1980; Cochran, 1992; Dunst, Trivette, and Deal, 1988; Gilligan, 1982; Gottlieb, 1985; Hill, 1958; Lewis et al., 1976; McCubbin and Patterson, 1983; Minuchin, 1979; Pianta, Egeland, and Stroufe, 1988; Solomon, 1985; Wahler, 1983; Werner and Smith, 1992.	Parents make friends and find their peers to be supportive and wise. Parents build a local association of interdependent families. FAST professionals serve as backup support.

Table 2: FAST Program Activities Apply Mental Health Research To Build Community (continued)

Activities	Description	Mental Health Research	Building Community
Parent-Child Time: Special Play	Special Play is child-initiated play whereby the parent is coached to follow the child's lead and not to teach, direct, or judge the child. Play materials are provided.	Barkeley, 1987; Garbarino, 1987; Guerney, 1977; Kogan, 1980; Minuchin, 1979; Schedler and Block, 1990; Webster-Stratton, 1991.	Parent-child pairs play together within a context of a community of other pairs.
Lottery (fixed)	Each family wins once. The winning family is showcased, and members receive various prizes. The winner cooks the next week's meal.	Dunst, Trivette, and Deal, 1988; Hill, 1958; McCubbin and Patterson, 1983; Minuchin, 1979.	Parents know that winning is universal and fair. Cooking the following week's meal models reciprocity.
Closing Circle	All participants gather into a large circle for special announcements, clapping, singing for birthdays, etc. A final ritual of nonverbal movements is passed around the circle in silence, making sounds of rain followed by a sun emerging in the group.	Bronfenbrenner, 1979; Epstein, 1995; Hill, 1958; Minuchin, 1979.	This builds community by sharing local information, celebrating special events, and having traditions with all ages and families, neighbors, schools, and professionals joining together in a circle.
Daily Homework for Parents' Special Play	Parents are expected to do Special Play every day at home as "homework." A behavior chart and stickers are given to each parent.	Barkeley, 1987; Guerney, 1977; Kogan, 1980; Patterson, 1975; Schedler and Block, 1990; Webster-Stratton, 1991.	This maintains a FAST community of caring for the next generation and helps parents and children support each other.
Graduation (eighth session)	The ceremony is held at school to graduate 10–12 entire families. Guests are invited by the families, and the school principal gives each family a framed certificate of completion. Graduation hats and a recording of "Pomp and Circumstance" add to this celebration, foreshadowing high school graduation.	Bronfenbrenner, 1979; Epstein, 1995.	The ceremony is a community celebration of family achievements with informal and formal supports together. The graduation party brings the larger community together with shared experiences to remember.
FASTWORKS (2 Years)	FASTWORKS holds monthly meetings for 2 years in which parents determine the agendas, receive a small budget, and get support from the school. Parents may choose more training or outings.	Alinsky, 1971; Freire, 1995; Hill, 1958; Horton, 1990; McKnight, 1995; Solomon, 1976; Wahler, 1983.	An association of parents begins to express its own unique agenda with the school and community, with a positive unified voice and informal social support.

they found that the recidivism rates of the family therapy youth were half those of youth who received the routine array of available services (Alexander and Parsons, 1982). In addition, after the intervention, the siblings of the delinquents in the study's treatment group were also followed; they were half as likely as siblings of control group youth to get involved in the court system as delinquents. Some findings of Alexander's study are integrated into FAST family communication activities.

Kate Kogan's work at the Department of Child Psychiatry, University of Washington (1978, 1980; Vann and Kogan, 1979), included intervention with behaviorally and psychiatrically disturbed children ages 2 to 8 in which she supervised a structured play activity of one-on-one time between parent and child. Kogan placed the parent and child alone together in a room with toys and put a small listening device in the parent's ear. She then coached the parent-child interactions through a microphone while observing from the other side of a one-way mirror. She watched for parental behaviors that were too bossy or too critical, urging parents to show interest in the child's play and to let the child lead the play. Kogan found that children's well-being and anxiety or behavior problems dramatically improved when they had nonjudgmental, nondirective, repeated playtime with a parent. In addition, such playtime strengthened the relationship between parent and child. Applying both Kogan's and Alexander's research, FAST works to intervene early in a child's life by offering opportunities for families to communicate and play together in positive ways.

Replication Team Training

FAST has been widely replicated. The first 10 FAST trainers were certified in 1989. Currently, there are more than 250 certified FAST trainers in the United States, Canada, and Australia. Trainers prepare collaborative teams to facilitate the multifamily program. McDonald's training and replication process has six distinct elements:

- **Standard FAST team trainer structure.** It takes 1 year to become a certified FAST team trainer. Requirements include observing a multifamily session, completing a week of classes at the FAST National Training and Evaluation Center at Edgewood College in Madison, WI, and training a team under supervision. The founder of the program directly supervises the team trainer qualification process, which includes making three site visits to a new FAST site.
- **Restricted access to FAST program training materials.** FAST program training is available only to local collaborative teams (rather than to individuals) that will implement FAST at sites with operational funds. Each team must include a parent partner, a school partner, and two mental health and substance abuse prevention partners from the community.
- **Program adaptability.** FAST team trainers lead team exercises, including discussions about values, to build team cohesion. They also work with the team to adapt the FAST program to incorporate local challenges and unique contextual factors (e.g., cultural or geographical issues).
- **Uniform manuals and process checklists.** Consistent documents enable team trainers to monitor the process and integrity of the team's implementation.
- **Technical assistance on three site visits.** Certified team trainers visit each new site three times to observe the program directly and help the team adapt FAST to the needs of the site.
- **Required evaluation package.** New sites must submit data before and after implementation and an outcome evaluation report using the FAST Evaluation Package of six standardized instruments.

Role of the Team Trainer

The certified FAST team trainer solves problems on location with the team that is facilitating the program and adapts the program to unique local needs and issues. As a result, the FAST program is responsive to local schools, communities, and cultural differences. Certified team trainers maintain a delicate balance between accommodating to local initiative and control and maintaining fidelity to the core FAST process to preserve the high predictability of the program's impact. Adaptation of the standard program to unique local site requirements is critical to successful replication and transportability of the program. Without a certified FAST trainer, sites cannot start a program.

Training Materials

FAST program workbook manuals for elementary schools, written in 1990 by McDonald and Billingham, were revised in 1991, 1992, and 1998. In 1997, with funding from the Center for Substance Abuse Prevention (CSAP), two new program manuals for training and implementation were completed: one for the preschool program and one for the middle school program. A training videotape on the long-term impact of the FAST program was completed in 1997 based on the CSAP evaluation data. In these training materials, each step of the process is outlined and feedback is included from FAST teams in a variety of settings. The program curriculum has been refined since its development in 1990. Optional graduate credit is available through the FAST National Training and Evaluation Center Master's Program in Marriage and Family Therapy at Edgewood College under McDonald's direction. The work required for qualification as a Certified Team Trainer is being integrated as best practices into Edgewood's undergraduate and graduate curriculums.

Training Costs

The complete FAST team (a minimum of 4 and a maximum of 10 partners) spends a total of 4 full workdays together in FAST training over a 4-month period. The trainer makes three direct observations of the team's implementation of the multifamily program. The cost of the FAST outcome evaluation and team training with three site visits by certified team trainers is $3,900, not including travel. Travel and lodging costs are assumed by the local site. The complex replication, training, and evaluation structure makes positive outcomes predictable for families, schools, communities, and funders.

State and National Replication

Since its implementation in 1988, FAST has been funded by both the public and private sectors and has been recognized nationally for using an exemplary approach to building protective factors for at-risk youth. Federal funding has supported program development and research.

Two Statewide FAST Initiatives

Two State governments have funded and replicated FAST successfully. In 1990, Wisconsin passed State legislation to fund FAST for $1 million annually under an antidrug bill (AB 122) through the Wisconsin Department of Public Instruction (DPI). Each year, school districts can apply for a FAST grant ranging from $20,000 to

Table 3: Results of the Wisconsin Statewide Implementation of FAST, by Parent Report

Scale	Pre-FAST Mean	S.D.	Post-FAST Mean	S.D.
Conduct Disorder	17.01	9.70	13.37***	9.10
Socialized Aggression	2.85	3.40	2.11***	2.90
Attention Span Problems	11.22	6.90	9.05***	6.30
Anxiety/Withdrawal	7.65	4.60	6.11***	3.80
Psychotic Behavior	1.89	2.10	1.60***	1.90
Motor Excess	3.55	3.30	2.77	2.40

Notes: These scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987); *n*=358. S.D.=standard deviation.

*** Significant at the 0.001 level

$70,000 a year. Schools must subcontract with community agencies. Wisconsin's FAST grants are renewable for 2 years, with an 80/20, and then a 40/60, ratio of State/district funds. DPI studies of program sustainability show that 91 percent of the State-funded pilot sites reported plans to maintain the program with local budget money after the 3-year State grants ended. FAST trainings and evaluations were voluntarily purchased by school districts, and the trained sites showed statistically significant (p<0.01) improvements of a magnitude of change of 20 percent (reported by teachers) to 25 percent (reported by parents) on standardized instruments in child functioning, family cohesion, and lessening of social isolation (see tables 3 and 4).

In 1995, the State of California Department of Social Services, Office of Child Abuse and Neglect awarded $40 million over 5 years to 12 counties under a Juvenile Crime Prevention Initiative for a 5-part, family-based program to reduce juvenile violence and crime. FAST was one of the five mandated components of the statewide initiative in each California location. FAST training and evaluation were also included by the State government to ensure the quality of the program replication. Each of the 12 participating California counties spends a minimum of $70,000 annually on FAST. The results of the FAST training and evaluations using six separate, repeated measures, pretests and posttests, and instruments with established reliability and validity show a statistically significant (p<0.01) positive impact on participating children and families (see tables 5 and 6). As a result of the program's success, many of the California sites have used other funding sources to increase the number of FAST schools.

Corporate and Foundation Support

Corporate and private sector funding has contributed greatly to the wide dissemination and replication process of FAST.

- United Way of America has identified FAST as one of 20 exemplary children and family programs nationally. Dane County, WI, United Way was the first funder of FAST, providing support for program development and implementation costs. United Way helps to fund many of the implementation costs of FAST programs nationally through their member community-based agencies.
- The DeWitt-Wallace Reader's Digest Foundation has substantially funded ($2.4 million) the infrastructure for the national dissemination of FAST to increase parent involvement in schools. The foundation grant funds the training, evaluation, and technical assistance services, but not program implementations.
- Kraft Corporation funded the development of a strategy for expanding FAST to many schools in the Madison, WI, Metropolitan School District (the home of FAST), citing it as an exemplary parent-involvement-in-schools program. This included training, evaluation, and implementation costs. In addition, Kraft is currently funding a statewide FAST initiative in Missouri through Caring Communities/Family Investment Trust. The grant enables collaborating State agencies to have certified FAST trainers. Eight pilot sites, strategically placed across the State, are receiving seed money for implementation and are being trained and evaluated through the FAST National Training Center.

National Organizations

In 1993, Family Service America (FSA), an international nonprofit association of child- and family-serving agencies, initiated a 5-year project to disseminate FAST throughout its membership structure with the support of a DeWitt-Wallace Reader's Digest Foundation grant. FSA membership comprised about 240 family counselors, who were usually funded by United Way to provide psychotherapy, support groups, and other mental health services. FSA, which became the Alliance for Children and Families in fall 1998, recommended FAST to its member agencies as the best parent involvement program in the United States and encouraged their

Table 4: Results of the Wisconsin Statewide Implementation of FAST, by Teacher Report

Scale	Pre-FAST Mean	S.D.	Post-FAST Mean	S.D.
Conduct Disorder	11.73	11.00	10.45***	10.60
Socialized Aggression	1.8[illegible]	3.80	1.71	2.80
Attention Span Problems	11.93	8.30	10.08***	7.40
Anxiety/Withdrawal	5.94	4.80	5.02***	4.50
Psychotic Behavior	1.33	2.20	1.25	2.10
Motor Excess	3.10	2.90	2.65***	2.60

Notes: These scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987); *n*=408. S.D.=standard deviation.

*** Significant at the 0.001 level

Table 5: Results of the California Juvenile Crime Prevention Project, by Parent Report

Scale	Pre-FAST Mean	S.D.	Post-FAST Mean	S.D.
Conduct Disorder	13.85	9.14	10.34***	8.54
Socialized Aggression	2.62	3.34	1.96*	2.60
Attention Span Problems	10.39	6.81	7.07***	6.47
Anxiety/Withdrawal	6.82	4.83	4.98***	3.97
Psychotic Behavior	1.50	1.98	1.30	1.91
Motor Excess	3.45	2.73	2.31***	2.26

Notes: These scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987); *n*=105. S.D.=standard deviation.

* Significant at the 0.05 level.

*** Significant at the 0.001 level.

participation. Family counseling agencies that are Alliance members and have an interest in prevention have initiated school collaborations and received training and evaluation through the Alliance to implement FAST in many parts of the United States. From 1993 to 1998, a total of 51 FSA/Alliance member agencies began replicating FAST. The Alliance for Children and Families replication was a positive experience for all concerned: the Alliance's provision of training and evaluation technical assistance through the FAST program's leader enhanced the local agency director's willingness to try something new. The local member agencies also benefited from the program by broadening their community-based outreach activities and increasing the range of funding sources for their programs. The Alliance/FAST initiative continues to provide training and evaluation technical assistance to Alliance members throughout the United States and Canada.

In 1998, Communities In Schools, Inc. (CIS), a national, nonprofit organization encompassing a network of State and local community-based CIS initiatives, embarked on a national replication of the FAST process. For more than 25 years, CIS has helped communities build local collaboratives that engage government, business, local and county agencies, school districts, nonprofit organizations, and families. CIS helps local communities develop a process that relocates existing services and resources into schools to help students and families succeed. The CIS collaborative brings together major stakeholders to create their own nonprofit agency that supports communitywide integrated planning and school-linked services to benefit children, youth, and families and to use community assets more effectively. There are 18 State CIS offices and more than 150 local CIS organizations in 30 States, Canada, and Ireland. CIS supports children in more than 1,000 schools in the United States. CIS considers FAST a major resource for family involvement and family strengthening that creates a school-based collaborative team and builds a long-term process that involves, empowers, and strengthens families. The CIS/FAST initiative enhances the CIS process with predictable and accountable outcomes. The CIS/FAST initiative is building a network of trainers who can use the CIS collaborative to build teams that bring FAST to local CIS school sites and that can engage school districts using FAST to explore the CIS process.

Evaluation Results

From the outset, the FAST program has been evaluated for quantitative outcomes, and its ongoing processes have been monitored with each new implementation. In 1990, McDonald and Billingham developed a FAST Evaluation Package to measure the outcome of the program for children and families at each new replication site of the Wisconsin statewide initiative. Evaluating the local impact of each site and monitoring the processes of the local program adaptation and implementation are ongoing FAST commitments. The data not only show the program's impact on children and families, but allow the team to assess the unique local fit and facilitate site improvements.

McDonald and Billingham's FAST Evaluation Package (1998) includes only standardized questionnaires with established validity and reliability and published norms for children and families. Teachers and parents complete these measures to evaluate the child's mental health functioning at home and at school before and after FAST.

Pretreatment, posttreatment, and followup assessments are performed for the following indicators:

- Child mental health functioning at school (assessment by a teacher using the Quay-Peterson 1987 Revised Behavior Problem Checklist (RBPC)).

Table 6: Results of the California Juvenile Crime Prevention Project, by Teacher Report

Scale	Pre-FAST Mean	S.D.	Post-FAST Mean	S.D.
Conduct Disorder	9.63	10.55	7.89*	10.31
Socialized Aggression	1.25	1.92	.92	2.11
Attention Span Problems	10.20	8.51	8.47**	7.86
Anxiety/Withdrawal	6.07	4.94	4.96***	4.65
Psychotic Behavior	.77	1.27	.70	1.50
Motor Excess	2.73	2.91	1.98***	2.35

Notes: These scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987); *n*=83. S.D.=standard deviation.

* Significant at the 0.05 level.

** Significant at the 0.01 level.

*** Significant at the 0.001 level.

- Child mental health functioning at home (assessment by a parent using the above instruments).
- Family functioning (using Moos' Family Environment Scale (FES) (Moos, Insel, and Humphrey, 1974) and/or Olson's Family Adaptability and Cohesion Evaluation Scales (FACES III (Olson, Portner, and Lavee, 1987)).
- Family social isolation (using Abidin's subscale of the Parenting Stress Inventory (Abidin, 1986)).
- Parent involvement in schools (using Epstein's Parent Involvement Scale (Epstein, 1995)).
- Consumer feedback and satisfaction (McDonald and Billingham, 1998).

Across hundreds of school FAST programs, assessments show high statistical significance in pretreatment-to-posttreatment improvements on the conduct disorder scale, the anxiety-withdrawal scale, and the attention span problem scale of the RBPC. The improvements on these scales have been correlated in several studies with reduced violence and substance abuse in adolescents. The FAST Evaluation Package has been used in more than 300 schools and communities, and the improvements are predictable and consistent.

Replication Evaluation Data in Two Statewide FAST Initiatives

Outcome evaluation data were collected from statewide FAST replications by McDonald and Billingham at 30 Wisconsin schools using antidrug funds (Billingham, 1993; McDonald, 1993) (see tables 3 and 4) and by the State of California at 12 California schools using Office of Child Abuse Prevention funds (see tables 5 and 6). Data from both statewide implementations showed high statistical significance (p<0.01) in improvements on the five measures described above using paired, two-tailed t-tests (these tests indicate whether the improvements are due to chance or to the program). Parents reported 25-percent improvement at home, and teachers reported 20-percent improvement at school after only 8 weeks. Reductions occurred in several categories of problems:

- Behavior problems, such as bullying, hitting, stealing, and lying.
- Withdrawal and anxiety, such as insecurity and social isolation.
- Attention span problems, such as lack of focus and distraction.

A Cambodian family, in ceremonial attire, graduating from FAST in Wisconsin.

FAST Evaluation Across Time in Madison, WI, With Comparison Groups

CSAP funded evaluations of the long-term impact of FAST in Madison, WI, with outside evaluator Thomas Sayger, Ph.D., of the University of Memphis, TN. The CSAP evaluations used several measures, including Achenbach's CBC and Moos' Family Environment Scales. These measures showed statistically significant pretest-to-posttreatment improvements, and gains were maintained at the 6-month followup evaluation (Sayger, 1996; McDonald and Sayger, 1998).

In addition, a complete followup study of all FAST families in Madison surveyed the improvement in child functioning; parents reported that gains were maintained 2 to 4 years later. Using comparison groups of other Title I children in the Madison Schools, the followup study determined that participating in FAST helped children improve their third-grade reading scores. Based on a 2-year followup of 250 FAST families in Madison, the improved functioning of the child, the improved family cohesiveness, and the increased social involvement of FAST parents in their children's schools and in the community seem to be long-term impacts of the FAST program.

Participation, completion, and eventual leadership in the ongoing FASTWORKS programs are characteristic of low-income family participants. In the CSAP long-term impact study, McDonald and colleagues (1997) talked to 10 FAST parents in open-ended interviews and transcribed the interviews for qualitative analysis to better understand the process of change. Parents were asked to discuss and rate their experiences in FAST using the McDonald/Billingham followup questionnaire. Qualitative reports by parents and children were enthusiastic. Teachers, administrators, and school social workers/counselors were also positive in their evaluation of FAST's impact on increased parent involvement and bonding between families and schools.

Experimental Studies on FAST

In an experimental study by Billingham (1993), outcomes were statistically significant: FAST youth improved more than controls (p<0.05). Five experimental studies of FAST with special populations that use randomized trials are being funded by Federal research institutes. Three of these studies have McDonald as the coprincipal investigator in collaboration with Thomas Kratochwill, Ph.D., and Joel Levin, Ph.D., of the University of Wisconsin-Madison School of Education; Paul Moberg, Ph.D., Director, University of Wisconsin-Madison School of Medicine, Center for Health Policy and Program Evaluation; and Holly Youngbear-Tibbits, Ph.D., College of the Menominee Nation. The first study is funded by the U.S. Department of Education, Office of Education Research and Improvement (OERI), through the Institute of At-Risk Students, to study FAST with three Indian nations. The second study is funded by the U.S. Department of Education, Office of Special Education and Rehabilitation Services (OSERS), to study FAST as a strategy to reduce referrals to special education for emotional disabilities. The third study, funded by the National Institute on Drug Abuse (NIDA) and supplemented by the Office of National Drug Control Policy (ONDCP), studies cultural adaptations of FAST at inner-city schools with predominantly African American and Hispanic populations. In addition, Phil Leaf, Ph.D., of Johns Hopkins University School of Public Health, Center for Prevention Research, is conducting research on the Baltimore Head Start FAST program in Baltimore, MD. The Baltimore study is funded by the U.S. Department of Health and Human Services (HHS), Substance Abuse and

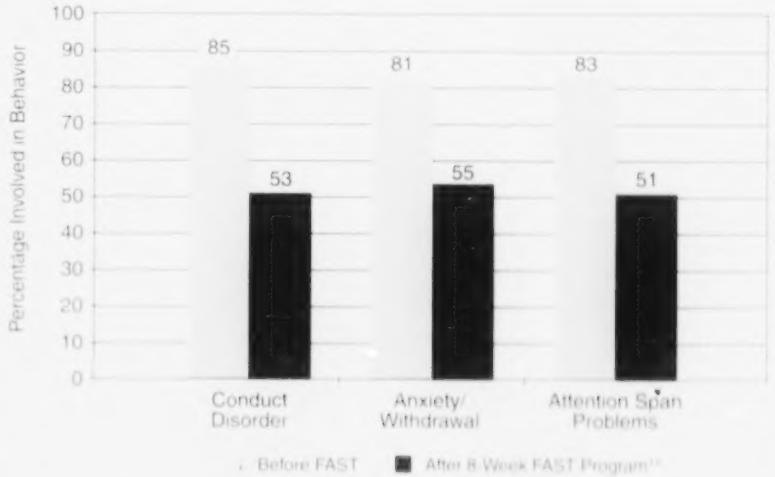
Mental Health Services Administration (SAMHSA), Jean Layzer of Abt Associates, Inc., and Lynn Kagan of Yale University are conducting research in 10 schools in New Orleans, LA, funded by HHS, Administration for Children, Youth, and Families, to determine the impact of FAST as a theoretically grounded family support program. OERI is also funding a study which includes the FAST program and its impact on the development of social capital in three inner-city schools in Chicago, IL. Dr. Tony Bryck, University of Chicago, and Metropolitan Family Services are involved.

Thirteen-State Site Evaluation of Children's Mental Health in FAST Schools

FAST has been implemented in many new settings with team training by certified trainers. The FAST Outcome Evaluation Package is used with each new implementation. The mental health scores of children ages 6 to 12 on scales related to conduct disorder, anxiety/withdrawal, and attention span problems are of particular interest to juvenile justice professionals (see figures 1 and 2). High scores on "conduct disorder" correlate with delinquency and incarceration; high scores on "anxiety/withdrawal" correlate with alcohol and drug addiction; and a combined high score on "conduct disorder" and "anxiety/withdrawal" correlates with violence. High scores for "attention span problems" correlate with dropping out of school (high scores also indicate the problems are severe).

Pre- and post-FAST data were collected on children's mental health (using RBPC's) for the first 53 trained FAST sites of the Alliance National Dissemination Initiative.* The data assessed the impact of FAST on more than 420 FAST children at 53 sites in 13 States (1 site did not collect teacher data). Outcomes are summarized in figures 1 and 2 (McDonald, Pugh, and Alexander, 1996). Of the children evaluated, 50 percent were European American, 23 percent were African American, 25 percent were Hispanic, 1 percent were Asian American, and 1 percent were American Indian. Thirty-four percent were female and 66 percent were male. The age range of 70 percent was from 6 to 8 years. As these figures show, the average child being referred to FAST in these schools was not just at risk, he or she was already in serious trouble.** These data also indicate that most of the children referred to FAST across 13 States began with severe problems, as measured by both teachers and parents using a standardized scale. In only 8–10 weeks of multifamily programming, the average severity of conduct disorders, anxiety/withdrawal, and attention span problems dropped significantly, from the clinically severe to the at-risk level. In other words, parents and teachers observed an improvement of 20 to 25 percent in the behavior of FAST children at home and at school in just 8–10 weeks, shifting the average score closer to normal functioning for that age.

Figure 1: Schools With Clinically Severe Mental Health Scores Before and After FAST, Parent Ratings*



* These data represent 420 children in 53 schools in 13 States. These three scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987). These scales correlate with delinquency.

** These data represent the average of the whole group of FAST children at each school and the percentage of the 53 schools in which the group average was above the problem levels established by the RBPC norms.

National Recognition

Since 1990, FAST has won many awards in several areas of national competition and it has been included in numerous "short lists" of research-based model programs. Most recently, these honors include the following:

- FAST was one of four effective approaches recognized and highlighted by the White House Conference on School Safety on October 15, 1998.
- FAST was identified as a culturally competent model in education by the American Institute of Research for the U.S. Department of Education (1998) (for more information, see www.air.org/cecp/cultural/Q_integrated.htm).
- FAST was recognized for being among 27 research-based models for school reform. The National Institute on the Education of At-Risk Students published a booklet describing effective models, including FAST, and disseminated it to all Title I schools (i.e., those serving low-income children) in the United States (U.S. Department of Education, Office of Educational Research and Improvement, 1998).
- FAST was identified as 1 of 12 research-based model family approaches to

* Between 1993 and 1995.

** These data were collected by the Alliance for Children and Families with McDonald's consultation (1993–98). The Alliance used the McDonald-Billingham FAST Evaluation Package with Alliance-member family counseling agencies that were initiating FAST programs and whose training was funded by DeWitt-Wallace Reader's Digest Foundation.

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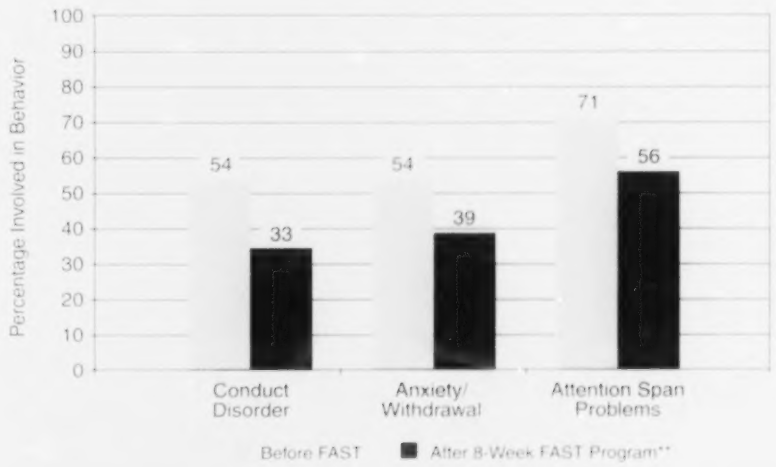
delinquency prevention and disseminated nationally by OJJDP in 1993 and 1997.

- FAST was invited to present its research-based model for a safe school climate at a Research into Practice Conference sponsored by the U.S. Department of Education's Safe and Drug-Free Schools Program (June 1997).
- FAST was named an effective program for safe schools and safe students in a booklet describing 26 research-based models, which was published by the National Education Goals Panel and the National Alliance of Pupil Services Organizations (McDonald, 1996).
- FAST was cited as one of four effective school-based substance abuse prevention program models in a brochure distributed by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (1996).
- FAST was included as one of six exemplary family support program models for further study by Abt Associates/Yale University for the U.S. Department of Health and Human Services (1996).
- FAST was included as 1 of 20 effective programs for children and families in a booklet published by United Way of America (1996).
- FAST's statewide replication in Wisconsin was recognized as 1 of 25 national finalists (out of an initial pool of 1,600 applicants) in 1994 in the Ford Foundation Harvard University awards program for Innovations in State and Local Government (Fifteen, 1994).
- FAST was included as one of five family-based programs in the CSAP publication *Signs of Effectiveness II: Preventing Alcohol, Tobacco, and Other Drug Use: A Risk Factor/Resilience-Based Approach* (Gardner, Green, and Marcus, 1994).

Figure 2: Schools With Clinically Severe Mental Health Scores Before and After FAST, Teacher Ratings*



* These data represent 399 children in 52 schools (at 1 school, teachers did not submit ratings) in 13 States. These three scales are measured by a well-known children's mental health screening instrument, the Quay-Peterson Revised Behavior Problem Checklist (RBPC), with established norms for normal 6- to 12-year-old children, at-risk children, and problem children (1987). These scales correlate with delinquency.

** These data represent the average of the whole group of FAST children at each school and the percentage of the 52 schools in which the group average was above the problem levels established by the RBPC norms.

Policy Implications

FAST is unusual in three ways: it is systemic rather than categorical, it respects the parent as a partner in prevention, and it is replicated, evaluated, and found to be successful in diverse communities. There are many short lists of exemplary research-based model programs being developed, published, and distributed. However, each list is focused on a specific social problem reflecting a separate funding stream and a distinct Federal Government agency. The focus on research-based best practices arises from a commitment to effective early interventions. However, the thinking of policymakers remains categorical rather than holistic and systemic. One community that chose to implement exemplary, research-based, recommended approaches to reduce delinquency, school violence, drug addiction, school truancy, and school failure could require five different programs for the same children. In contrast, the community could accomplish the same multiple categorical outcomes by putting significant resources into the FAST program, a single, positive intervention that builds stronger relationships with whole families and with the existing social structures of schools and communities.

FAST's approach to prevention uses a shared governance model in which each team includes a consumer parent, whose voice is a highly respected part of the solution. FAST is a parent-youth-professional partnership that builds positive protective factors for youth by strengthening ongoing, preexisting, informal, social relationships. The procedure is determined by the participants at a grassroots level, in their own language, style, preferences, and cultural forms. The power of the parent's voice extends to program planning and budget decisions; these crucial decisions shift gradually from the parent-professional partnership to the community of parents. FAST is popular with participants, who support increased programming available to all youth and families.

Finally, FAST is unusual in its 10-year history of commitment to the development of a living, rigorous, and hands-on structure for quality control of the replication and dissemination process. There is a respectful awareness that each community must adapt FAST to fit its own priorities, and this adaptation is accomplished during the three site visits by a certified FAST trainer. Evaluation of each new pilot site with process tools and quantitative outcomes allows routine review of what works and what does not work. Regular revision of FAST program manuals incorporates new lessons and new research to improve the program and the replication process over time. The decision to house the FAST National Training and Evaluation Center at

a graduate school of family therapy in an academic institution reflects the program's ongoing commitment to what works now, rather than to what worked 10 years ago.

If FAST were available to every youth identified as at risk by each elementary school, it could act as a funnel or filter for stabilizing the immediate context—the family and the community—of youth who are at risk for violence and delinquency. After the 8- to 10-week program, more intensive interventions can be facilitated for youth who need family therapy, probation monitoring, intensive individual treatment, medication, or other services. The 8–10 weeks of FAST are shorter than either the waiting period to enter most treatment facilities or the trial period to determine the levels and effects of medication in reducing violent episodes.

Two statewide initiatives funding FAST dissemination and replication have taken place in Wisconsin (1990) and California (1995) and two more are beginning in Missouri and South Carolina. Each State initiative arose from a different type of policy: The Wisconsin initiative was legislative through one State agency (Substance Abuse Prevention in Education), the California initiative was administrative through one State agency (Office of Child Abuse Prevention in Human Services), the South Carolina initiative is offered as a technical assistance program for local schools by CIS with the State Department of Mental Health, and the Missouri initiative has a foundation grant to build statewide capacity to certify FAST trainers. Missouri has created a prevention system that assists communities and families to achieve better results for themselves. The Family Investment Trust, created by executive order of the Governor, is a unique partnership of seven State agency directors and eight private-sector business and civic leaders. The Family Investment Trust allocates $40 million annually to communities to improve child and family outcomes.

Effective research-based programs that can be shown to work across many diverse settings with low-income families, including parent partners, and that use a family therapy-based approach to early intervention with at-risk children are the most likely to achieve cross-categorical results. Together, the multilevel relationship-building components of FAST create an assets-based, comprehensive family, school, and community approach to helping youth avoid undesirable outcomes.

The costs for offering FAST to all families should not be borne by one group alone; they should be shared across education, child welfare, substance abuse prevention, mental health, public health, and community development agencies; asset building initiatives; and juvenile justice systems. Systemic approaches work and have impacts across funding categories. Until these approaches become policy realities rather than policy goals, professionals will struggle with piecemeal solutions for at-risk youth.

Conclusion

Everyone knows that relationships are key ingredients for healthy families and safe communities and that they help people get things done. Yale child psychiatrist James Comer says: "Relationships are to child development what location is to real estate" (Comer, 1998). There is a new term in education called "social capital," which correlates with children's succeeding in school. The original definition of social capital was that at a school, on average, each parent knows four or five other parents of children at that school. As a result, if one youth is caught drinking, stealing, fighting, or carrying a gun at school, some parents will find out about it and tell other parents about the incident; the word will get around. This informal network of parents—based both on caring about youth and on enforcing rules—monitors youth behavior. Parent networks are powerful allies to the enforcement corps of police and juvenile justice officials. However, busy working parents are increasingly socially isolated from one another and suffer from a lack of support from social institutions (Hewlett and West, 1998). In dangerous inner-city neighborhoods, the social isolation of families from one another and youth from adults has dramatically increased over the past 10 years (National Research Council, 1993). In poverty-stricken rural areas, social isolation can be hazardous to the well-being of youth and their families. These societal factors have increased the risk of inadequate monitoring of at-risk youth by parents, neighbors, and other caring adults who have historically had long-term relationships with those youth. FAST actively facilitates, supports, and builds these relationships, contributing to the safety and welfare of youth, their families, and communities.

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